motivation India

IMPACT OF USER-CENTRIC CUSTOMISED WHEELCHAIRS - A STUDY REPORT OF MOTIVATION INDIA - 2025

Abbreviations

CBR	-	Community-Based Rehabilitation
NGO	-	Non-Governmental Organisation
UNCRPD	-	UN Convention on the Rights of Persons with Disabilities
WHO	-	World Health Organisation
RPwD Act	-	Rights of Persons with Disabilities Act, 2016
QOL	-	Quality of Life
DPOs	-	Disabled People's Organisations
APD	-	Association of People with Disability
SIPA	-	Spinal Injured Persons Association
IRCDS	-	Integrated Rural Community Development Society
SCI	-	Spinal cord injury
CSR	-	Corporate Social Responsibility
ADIP	-	Assistance to Disabled Persons

Executive Summary

This study examined Motivation India's programmes to understand the impact of user-centric, customised wheelchairs, highlighting how customised fitting and training for both users and technicians contribute to improved quality of life. Conducted in Karnataka and Tamil Nadu, the study used a mixed-methods design that combined surveys, the Bangor Scale, and semi-structured interviews. A total of 102 participants, including wheelchair users, carers, NGO staff, and service providers, were engaged, predominantly from rural, low-income backgrounds.

Key Findings

Implementation Models of Motivation India:

Two models were studied—Direct Service Delivery and the Capacity-Building Partnership Model. The latter proved significantly more effective, ensuring sustainability, skilled provision, and ongoing follow-up. Limited NGO involvement in direct implementation led to outcomes resembling a donation model, with a weaker long-term impact.

Determinants of Effective Wheelchair Use:

The study shows that outcomes are shaped by interconnected factors:

- Customised assessments and fittings—superior to "one-size-fits-all" wheelchairs.
- Structured counselling and family sensitisation that improve acceptance and independence.
- User and carer training that enhances safe, confident use.
- Skilled service providers are supported through professional training.
- Strong follow-up, community ambulation, and linkage with rehabilitation, CBR, and livelihood services.
- Rural–urban differences highlighted the need for role models and community mobilisation to expand aspirations for autonomy.

Challenges

Sampling constraints, limited fieldwork time, and low female participation reduced gender-balanced analysis. Social norms, mobility barriers, and gatekeeping by carers further limited female representation.

Recommendations

For Motivation India:

Strengthen capacity-building models, reduce direct implementation, introduce partnership due diligence processes, develop user-friendly training modules, build organisational capacity, and sensitise hospitals and training institutions to user-centric wheelchair services.

For the Sector:

Move away from mass distribution models toward holistic, user-centered wheelchair service ecosystems that integrate customisation, counselling, rehabilitation, and community participation.

For Donors:

Invest in complete wheelchair service systems—that includes quality and appropriate assistive devices, assessment, training of service providers and users, follow-up, and linkages to education, livelihoods and social inclusion. The study demonstrates that disability requires longer-term, comprehensive investment for meaningful impact.

For Government:

Integrate customised wheelchairs into entitlement schemes; mandate assessment, fitting, and training; strengthen professional capacity; set procurement standards; and build accessible, community-based rehabilitation ecosystems in alignment with the RPwD Act.

Background & Purpose of the Study

India has made strong legislative commitments to disability rights through the UNCRPD and the RPwD Act (2016), yet persons with disabilities continue to face significant mobility, social, and economic barriers. Access to an appropriate, customised wheelchair—supported by proper assessment, fitting, training, and follow-up—is essential for independence, health, participation, and quality of life.

Motivation India, grounded in the understanding that assistive technology is a human right, provides user-centric wheelchair services through partnerships with NGOs and rehabilitation professionals. Recognising the need to evaluate the impact of these services, the study was undertaken to assess how customised wheelchairs and related training interventions influence mobility, independence, participation, psychosocial well-being, and overall quality of life for users across Tamil Nadu and Karnataka.

The study aims to generate evidence to strengthen programme design, improve service delivery models, and inform broader sectoral and policy-level interventions for inclusive, quality wheelchair provision in India.

Programme Overview

Motivation India's programme focuses on expanding access to appropriate, user-centred wheelchairs supported by a comprehensive service delivery system. The programme builds local capacity by training technicians, physiotherapists, occupational therapists, and NGO partners in wheelchair assessment, prescription, fitting, user training, and follow-up. It trains wheelchair users and carers to ensure safe mobility, maintenance, and long-term utilisation.

Working through community-based partners, the programme reaches individuals in resource-poor rural and peri-urban settings, enabling them to access customised wheelchairs suited to their body measurements, functional needs, and living environments. The model aligns with WHO guidelines and emphasises a continuum of services—counselling, fitting, user training, home accessibility guidance, repairability, and peer support—to promote independence, participation, and improved quality of life.

This programme has demonstrated strong outcomes in enhancing mobility, comfort, dignity, and independence, while reducing the burden on carers and enabling users to reconnect with education, employment, and community life.

Research Team

The research team comprises three members:

1. Team Lead – Dr Gunawathy Fernandez

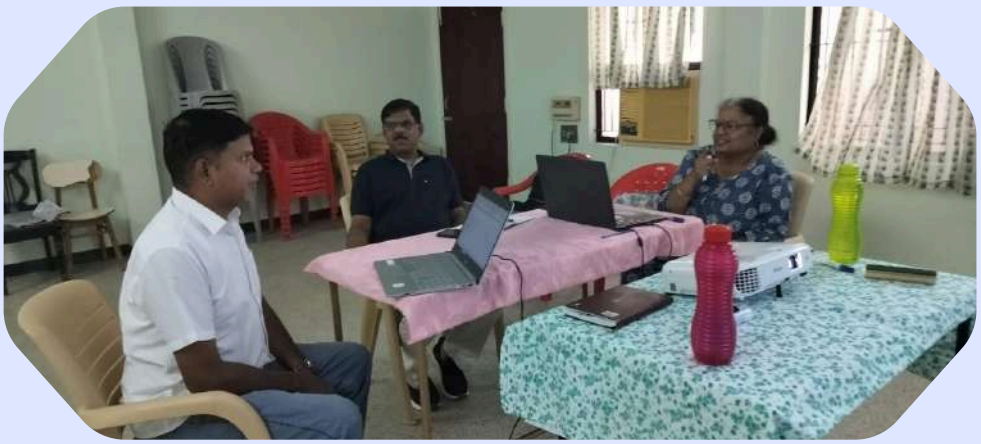
Dr Fernandez is a senior executive with over three decades of experience in international social development and disability-inclusive development. She has led many research studies and has served as principal investigator for international research on disability and INGO accountability. She has also conducted several impact assessments and programme evaluations of CSR initiatives.

2. Dr S. Samuel Asir Raj, M.A., M.Phil., Ph.D.

Dr Samuel previously served as Chairperson of the School of Social Sciences, Professor and Director (i/c) of the Centre for the Study of Social Exclusion and Inclusive Policies (CSSE&IP), and Head of the Department of Sociology at Manonmaniam Sundaranar University (MSU), Tirunelveli. With more than 30 years of experience in social-sector research and practice, he has worked extensively on issues concerning marginalised communities, including Dalit and Adivasi groups, as well as diaspora Tamilians whose voices require greater amplification in their homeland.

3. Mr Antony Joseph

Mr Joseph is a research fellow specialising in NGO governance. He has experience working with international funding agencies such as CBM and consults CSR foundations on due diligence, as well as NGOs on governance and legal compliance. Known for his meticulous approach, he excels in data mining, organisation, and analysis.



Methodology

Study Design

The study adopted a mixed-methods design, combining qualitative and quantitative approaches. Data collection involved semi-structured interviews with adult and child wheelchair users, carers, NGO partners, and service providers. The Bangor Mobility-related Quality of Life Scale was integrated into the adult user interviews. Additional tools included service provider surveys and focus group discussions. Five case studies were developed based on user interviews. Ethical standards were followed throughout, with informed consent and safeguarding measures in place.

Participants

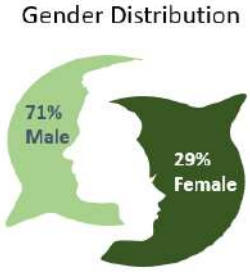
Total - 102

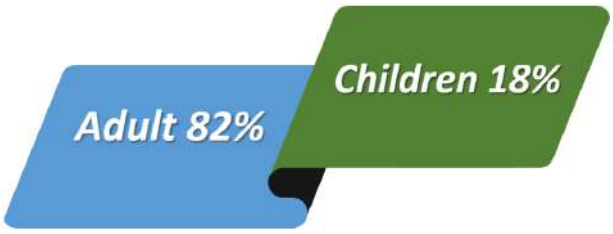
Adult wheelchair user - 61	Male - 42	Female - 19
Children wheelchair user - 12	Male - 8	Female - 4
Carers - 13	Male - 9	Female - 4
Wheelchair Service providers - 11	Male - 8	Female - 3
	NGO Staff - 5	

Limitation

- The study faced few methodological and operational constraints that influence the extent to which findings can be generalised. Although a stratified random sampling strategy was initially planned, difficulties in tracing wheelchair users across dispersed rural locations required a shift to purposive non-probability sampling. This limited the statistical depth of analysis and may have introduced selection bias.
- Fieldwork was conducted within a short timeframe, resulting in an imbalanced sample with greater representation of rural and male participants compared to urban and female users.
- Securing participation from women was particularly challenging due to health issues, domestic responsibilities, mobility restrictions, and gatekeeping by carers, leading to only about 29% female representation—largely among more confident and articulate users. This gender skew constrained the scope for meaningful comparisons between males and females.
- Accessibility challenges, such as poor road connectivity and limited digital literacy among families, also restricted the ability to reach certain households. As a mitigation measure, the study relied heavily on qualitative methods and triangulation across respondents, but the above limitations should be considered when interpreting the findings.

Demographics

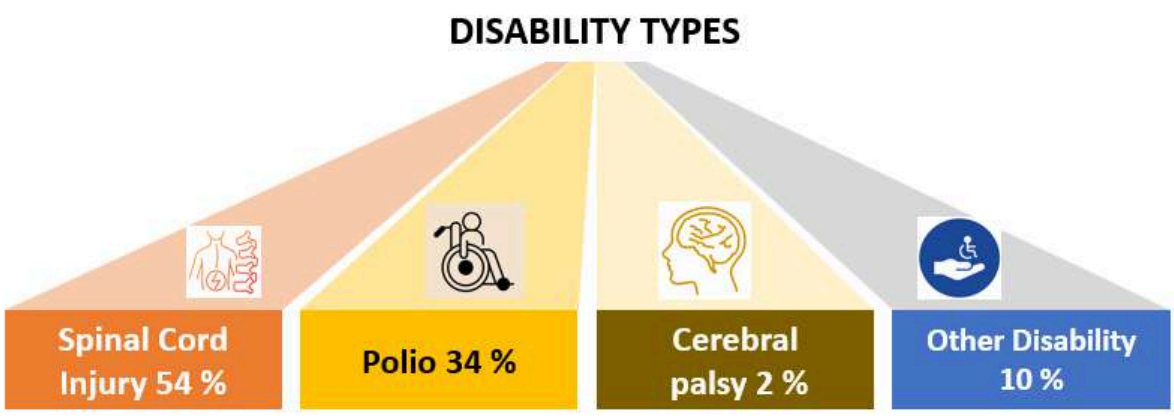




The study involved 102 participants, comprising wheelchair users, carers, service providers, and NGO staff. Among wheelchair users, 71% were male, and 29% were female, with 82% adults and 18% children. The majority (88%) lived in rural areas, reflecting Motivation India's outreach to resource-poor communities. Most adult users had completed secondary schooling, though 13% had no formal education, largely due to socio-economic disadvantage and accessibility barriers. Participants spanned a wide age range, with the highest proportion (40%) between 19 and 40 years, followed by 34% in the 41– 50 years category.

Disability Types

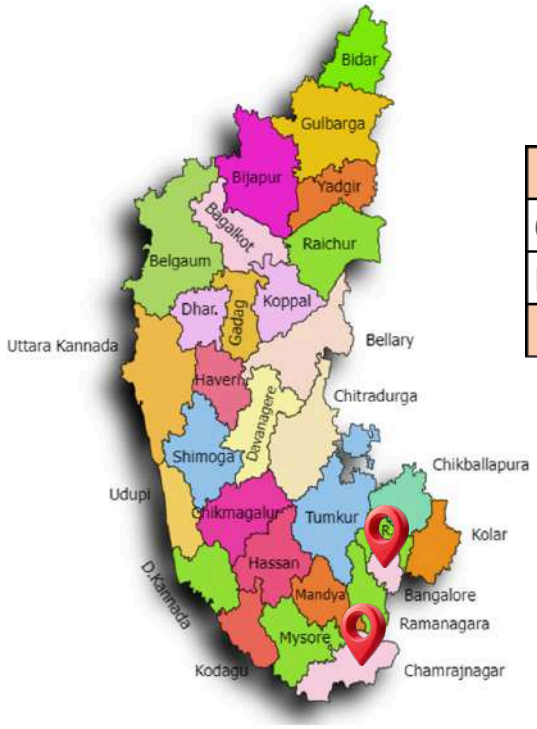
Among the wheelchair users, spinal cord injury (54%) was the most common condition, followed by polio (34%). Children with disabilities were predominantly diagnosed with cerebral palsy (2%), with the remainder presenting developmental or neuromuscular disorders.



Geographical Distribution of the Sample

The study covered a total of 73 wheelchair users across two states
Tamil Nadu (44 participants) and Karnataka (29 participants), and 11 service providers across two states – (5 from Tamil Nadu, 4 from Karnataka and 2 from other states).

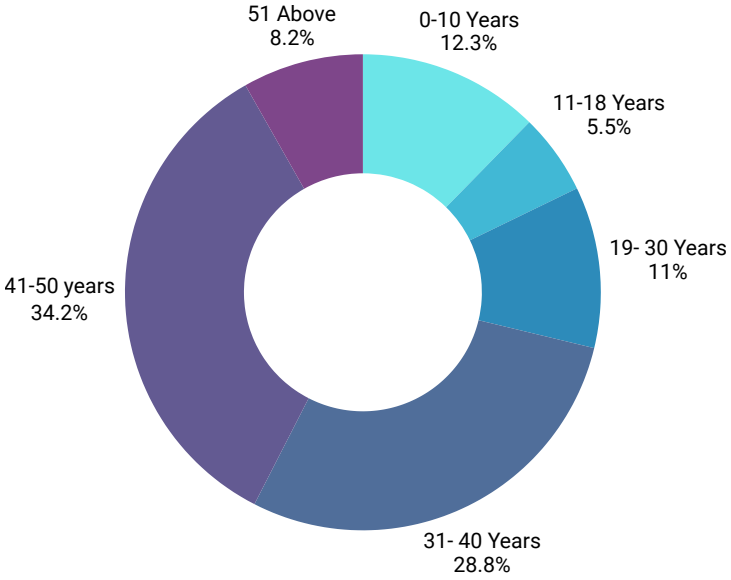
Tamil Nadu	Sample Size
Madurai	4
Dindugal	2
Sivagangai	5
Tiruvanamalai	14
Thiruvallur	19
Total	**44**



Karnataka	Sample Size
Chamarajnagar	22
Bangalore	7
Total	**29**

Age

Forty per cent of the sample were between 19 and 40 years of age, reflecting productive age group for capturing livelihood-related data. Another major group comprised participants aged 41 to 50 years, representing 34% of the sample. Children (0-18Yrs) constitute 19% of the sample of wheelchair users.



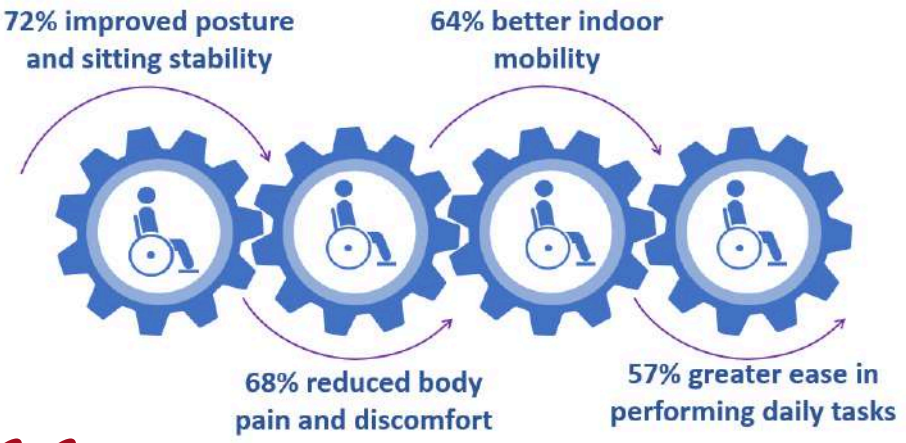
Key Findings

Improvements in Mobility & Comfort

The provision of properly fitted wheelchairs significantly enhanced users' functional mobility and physical comfort. Increased stability and reduced pain enabled users to move more independently, participate actively in household routines, and maintain better sitting tolerance. These improvements resulted in reduced carer burden, heightened user autonomy, and an overall enhancement in quality of life. The gains in comfort and mobility also strengthened users' readiness for schooling, work, and community participation, demonstrating the crucial role of customised wheelchairs in improving daily functioning.

The Motigo and Motistart wheelchairs significantly improved children's comfort and functional posture. However, social interaction remained limited due to weak family support, persistent stigma, and non–barrier-free community environments. School attendance was also constrained by the lack of special schools, trained special educators, and accessible infrastructure in government schools.

> *I go out and play cricket. I am a WC marathon athlete. I meet people. I am happy travelling in trains. Talking to different people. I do not fear transport. I am happy to go out.*
>
> *- Velmurugan, Thirupuvanam*



> *When I was in training, a little girl with cerebral palsy was brought in. She wouldn't stop crying no matter what anyone did. Then, the moment she was placed in a proper supportive chair, she suddenly went quiet. That moment really struck me. It made me realise that the real focus isn't just about getting someone to walk—it's about comfort, dignity, and a better quality of life. And for that, the right wheelchair can make all the difference.*
>
> *-- Malaiyarasan, Service Provider.*

RESTORING INDEPENDENCE AND LIVELIHOOD THROUGH APPROPRIATE MOBILITY SUPPORT

Chandrika, a 29-year-old mother of two from Karapettu village, is the primary earning member of her family, supporting them through tailoring. Six years ago, a sudden accident resulted in a spinal cord injury that left her bedridden and fully dependent on her carer for all daily activities. During this period, she suffered from severe bedsores, limited mobility, and complete reliance on others for bathing, toileting, and movement within her home.

Her initial wheelchair—a standard Freedom model—offered short-term relief but broke within a year, once again restricting her to indoor confinement. A significant turning point came when Chandrika received a custom-measured Motivation Active Wheelchair designed to match her posture, spinal condition, and mobility needs. The wheelchair's durability, strong bearings, and locally serviceable components enabled smooth movement and long-term use, with minimal maintenance costs over four years.
Alongside the wheelchair, Chandrika received structured training from the Motivation team on posture management, safe transfers, navigating ramps and uneven terrain, and basic wheelchair maintenance. A customised cushion and modified footrest reduced discomfort, improved sitting balance, and prevented pressure sores. Equipped with appropriate assistive technology and skills, Chandrika learnt tailoring and gradually established a home-based livelihood.

Today, Chandrika moves independently within her home and around the village to procure tailoring materials. She manages personal care activities such as bathing and toileting and performs household chores, including floor cleaning, from her wheelchair. Although some transfer challenges remain due to a non-removable armrest, her overall independence, confidence, and quality of life have improved significantly.

Chandrika's journey demonstrates how the right combination of a well-fitted wheelchair, user training, and follow-up support can restore dignity, economic participation, and self-reliance for persons with spinal cord injuries.

Effectiveness of Training & Service Provision

The training and service delivery approach proved highly effective in enhancing user capability, safety, and long-term wheelchair utilisation. Users gained practical knowledge on handling, positioning, and maintenance, resulting in fewer risks of misuse, improved comfort, and reduced secondary complications. The capacity-building provided to technicians and NGO partners strengthened the service ecosystem, ensuring more consistent, high-quality provision across regions. Overall, the training contributed significantly to users' independence, confidence, and sustained mobility, reinforcing the value of a structured, assessment-based, user-centred service model.

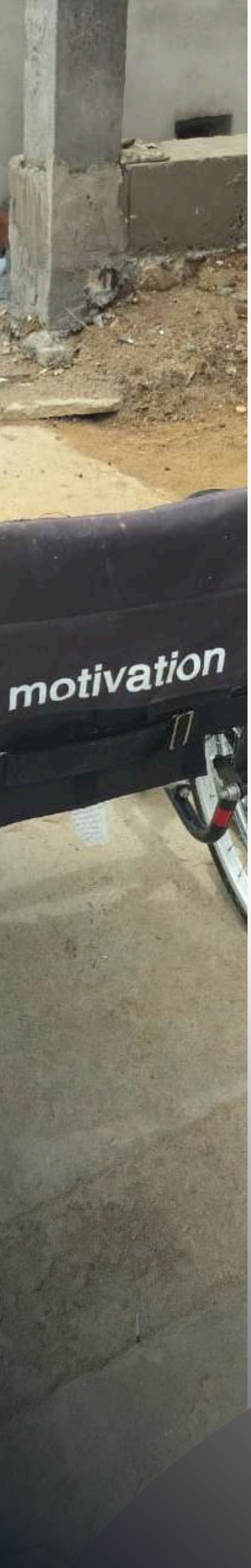
81% high satisfaction of Training

74% greater confidence in wheelchair handling with Training

69% training helped maintenance

Wheelchair provision is not a one-time activity; it is an ongoing process/cycle. There needs to be a follow-up. Families need to be educated about the regular maintenance and wear and tear of the wheelchair, as well as the need for periodic reassessment to determine when a replacement or new wheelchair is required. It is therefore essential to equip users with knowledge about the different parts of their wheelchairs, available repair options, and basic mobility training—such as moving at different speeds, navigating slopes, wheeling, and partial wheeling. Regular follow-up is a must.

-- Martin, service provider.



When Mobility Support Is Not Enough

Praveen, a 29-year-old diploma holder in Mechanical Engineering, experienced a life-altering spinal cord injury following a sudden accident. Once active and aspirational, he now lives with his elderly parents in a rural village, where his physical limitations are compounded by emotional distress and social isolation. Although his parents constructed a low-cost, step-free room near their farmland to facilitate his movement, this adaptation has unintentionally distanced him from village life, deepening his withdrawal from social interaction.

Currently, Praveen remains largely confined to his bed, using his wheelchair only to access the toilet. He is fully dependent on his parents—particularly his mother, a daily wage labourer—for personal care and daily routines. Persistent hip pain, combined with low motivation and emotional distress, reinforces his inactivity and dependence. The family incurs an additional financial burden of approximately ₹5,000 per month on adult diapers, further straining limited household resources.

Emotionally, Praveen exhibits anger, denial, and withdrawal—common psychological responses following sudden-onset disability. He avoids social engagement and clings to the hope that alternative treatment may restore his previous mobility. Beneath this hope lies unresolved grief and difficulty accepting his changed circumstances. Despite having access to a wheelchair, the absence of structured rehabilitation, psychological counselling, peer support, and family guidance has left him trapped in a cycle of dependency and frustration.

Praveen's experience highlights critical gaps in post-injury follow-up and community-based rehabilitation services. His case underscores that assistive devices alone are insufficient to enable recovery. Without holistic support addressing emotional adjustment, self-care skills, pain management, and social reintegration, individuals with spinal cord injuries remain vulnerable to long-term dependency and isolation.

Impact on Livelihood & Participation

According to the Bangor scale, 75% stated that mobility rarely limited their ability to contribute

> *I do all the household chores daily, including cleaning, cooking, and washing clothes.*
> *-- Kamatchi, Kaara pattu, Tiruvannamalai.*

76% of people with Polio were in employment

25% of the male respondents participated in sports and travelled for tournaments.

82% expressed satisfaction with their level of independence, viewing it as both physical and emotional empowerment

> Earlier I used to go out with stick and crutch but now I go out decently in wheelchair.
> --- ***Mahalakshmi, Uthukottai***

40% of the respondents reported receiving decent salaries.

The wheelchair catalyses greater social and economic participation. Improved mobility allowed users to engage more reliably in work, education, and community life. While environmental barriers still limit full inclusion, the wheelchair substantially increased independence, productivity, and social engagement. These gains translated into a better quality of life and strengthened the role of people with disabilities within their families and communities.

Community Leadership Enabled Through Mobility Support

Mr. Chinnaswamy is a respected community leader and former Gram Panchayat President from Mallarpalya village in Karnataka. Following a road accident that resulted in a spinal cord injury, his mobility and participation in public life were significantly constrained. Despite these challenges, his commitment to community service remained strong. Five years ago, he received a customized active folding wheelchair through Margadarshi Association for the Physically Challenged, marking a turning point in his personal and public life.

The provision of a well-fitted, customized wheelchair substantially improved Mr. Chinnaswamy's functional mobility within his home, across the village, and during travel for meetings and social engagements. He describes the wheelchair as comfortable, safe, and perfectly suited to his needs. This assistive technology enabled him to regain independence in daily activities, actively support his family, and re-engage confidently in community affairs.

Importantly, the intervention had a positive psychosocial impact. Mr. Chinnaswamy reports no emotional distress related to his disability and expresses a strong sense of well-being, dignity, and purpose. Enhanced mobility allowed him to resume regular social interactions, attend village functions, and contribute meaningfully to local decision-making processes.

With renewed confidence and independence, Mr. Chinnaswamy is preparing to contest the upcoming Gram Panchayat elections, motivated by his desire to continue serving his community. He also sees himself as a role model for other persons with disabilities, demonstrating that with appropriate support, leadership and active citizenship are achievable.

Psychosocial Well-Being (Confidence, Dignity, Mood)

- 83% of participants reported that they rarely or never felt bad about themselves due to their mobility limitations.
- 85% of participants reported rarely feeling sad.
- 84% said they experienced little or no anxiety related to their mobility.
- 85% of participants reported that they rarely or never felt unhappy due to their mobility limitations.
- 84% stated that they were not or only slightly anxious.

> *I get ready, come to office, go the government meeting, go to the fields.*
> *- -- Livingston, Ikkatu.*

Enhanced mobility directly translated into better psychological and emotional well-being. Users became more confident, socially present, and emotionally stable, which strengthened their overall quality of life. The reduction in dependence and increased autonomy also improved family dynamics. However, many expressed feeling low and depressed time to time. Lingering stigma, attitudinal barriers and limited home modifications indicate that psychosocial support, family and community sensitization remain essential.

> *I work as part time lecturer. Motivation wheel chair is like my legs convenient to move across the board and use the full length of the board. earlier i used a chair which allowed me to use only a section of the board. With motivation Wheelchair, i am free to move across the board and in the classroom which helps in getting students attention and control of the class.*
>
> *-- Syed Ali, Illayankudi*

REGAINING COMFORT, CONFIDENCE, AND LIVELIHOOD THROUGH CUSTOMIZED MOBILITY

Presana Kumari, a 42-year-old woman from Ikkadu village, lives with her family of five in a rented tiled house. A polio survivor with a lifelong mobility impairment, she has remained determined to be economically productive and socially engaged. From her home, Presana creates handmade crafts and sells them online, contributing meaningfully to her household income.

Prior to the intervention, Presana used a standard government-issued wheelchair that was uncomfortable, unstable, and unsuitable for prolonged sitting. Limited comfort and safety meant she required assistance even for short-distance movement, restricting her independence and affecting her confidence and emotional wellbeing. Comparisons with her brother's daily commute to work further reinforced feelings of limitation and dependence.

The provision of a customized active folding wheelchair marked a significant turning point. Designed to suit her body size and functional needs, the wheelchair is comfortable, easy to fold, and safe for everyday use. It restored her ability to move independently within her home and nearby surroundings, enabling her to participate more fully in daily routines and livelihood activities. Presana shares that she now feels she can "move like others," reflecting a renewed sense of dignity and self-belief.

With improved mobility, Presana confidently visits different places, interacts with new people, and carries out her handicraft work with greater comfort and productivity. Her daily life now includes prayer, craft making, and household tasks performed with ease. She reports feeling happy, confident, and satisfied with her level of independence. As an active member of the Vasantham peer support group, she also benefits from social connection, motivation, and shared learning.

While she continues to need support for long-distance travel and requires additional space due to her body size, the overall impact of the customized wheelchair has been transformative—enhancing her comfort, productivity, emotional wellbeing, and social participation.

Carers Feedback

- All carers were either mothers or grandmothers.
- All carers reported a significant reduction in physical strain, especially related to lifting, carrying, and positioning users.
- The majority of them stated their daily caring routines became easier due to improved user stability and mobility
- The wheelchair allowed users to perform tasks independently, reducing carers workload.

The wheelchair positively impacted not only users but also their carers. Reduced physical strain and clearer caregiving routines improved carer health, emotional well-being, and family relationships. With users gaining more autonomy, carers could reallocate time and energy to other responsibilities, creating a more balanced and supportive home environment.

Enabling Professional Excellence and Advocacy Through Appropriate Mobility

Syed Ali is a 44-year-old postgraduate from Sivagangai District who has lived with mobility challenges since childhood due to polio. Despite this, he has built a strong professional and community profile. He runs an e-Seva Mayyam and a computer centre assisting citizens with government services, serves as an auditor for the local Jamat, and works as a part-time lecturer at a nearby college. He is also a committed husband and father of two and a respected community leader.

For most of his life, Syed Ali relied on crutches or crawling to manage mobility. A government-issued wheelchair proved unsuitable, as it was heavy and could not be used independently. The customised Motivation Active Wheelchair marked a significant turning point. Its lightweight and foldable design enabled independent mobility for the first time. Syed Ali describes the wheelchair as “like my legs”, reflecting the freedom and confidence it has given him.

The wheelchair has become an essential part of his professional life. He transports it on his scooter and uses it while teaching, allowing him to move freely in the classroom, engage students effectively, and teach with greater confidence. Enhanced mobility has also strengthened his participation in community and religious activities.

However, inaccessible public infrastructure continues to limit his social participation, particularly in public offices and large gatherings. Motivated by these challenges, Syed Ali plans to advocate for improved accessibility by submitting a grievance to the Chief Minister’s Office.

Syed Ali’s case highlights how appropriate assistive technology can restore independence, enhance professional effectiveness, and empower individuals with disabilities to become advocates for inclusive change.

Perspectives from Service Providers and Partners

- The training fundamentally shifted service providers' understanding of the wheelchair from mere transport to a vital tool for promoting independence, comfort, and comprehensive social participation.
- The training significantly enhanced participants' knowledge and confidence in effectively assessing users and modifying wheelchairs to ensure individual comfort, safety, and functionality.
- The training delivered crucial practical insights and hands-on experience, demonstrating how small adjustments in postural support, guided by manual assessment, can significantly improve user comfort and relieve pressure points.
- Service providers advocated for an annual refresher platform to facilitate continuous learning, peer exchange, and skill updates, ensuring sustained competencies and awareness of new trends in wheelchair design and service delivery.

> My attitude totally changed. I learnt the needs of individuals and how to provide customised wheelchairs. Now I am able to share my learnings to students, otherwise they will just learn parts of wheelchair and see it as an only a device to transport patients.
>
> --- Vincent, Service Provider

> *Over my 15 years of work, I used to believe that the ultimate goal was walking. But after training, I realised that the real goal is mobility and independence. We often think of walking as the marker of progress, but for many, walking may only serve a therapeutic purpose—it's slow, tiring, and often not functional. They may struggle to keep up with others, manage tasks like bending, or move around freely. In such cases, a wheelchair actually offers far greater mobility and independence.*
>
> *--Malaiarasan, Service Provider.*

Key Insights and Lessons Learned

Appropriate wheelchair provision

The study reinforces that customised assessment, fitting, and user training are critical to achieving meaningful improvements in mobility, comfort, and independence. Wheelchairs provided without these components risk underutilisation and secondary health issues.

Training and follow-up

User orientation and technician capacity-building significantly improved safe usage, maintenance practices, and long-term functionality. Regular follow-ups are especially important in rural contexts where environmental wear and tear is high.

Environmental accessibility

While wheelchairs enhanced individual mobility, poor infrastructure, inaccessible public buildings, and non-inclusive transport systems constrained full participation in education, livelihoods, and community life.

Psychosocial benefits

Improved mobility positively influenced confidence, dignity, and emotional well-being. However, persistent stigma and social attitudes continue to affect self-esteem, indicating the need for complementary psychosocial and community-sensitisation interventions.

Carers outcomes

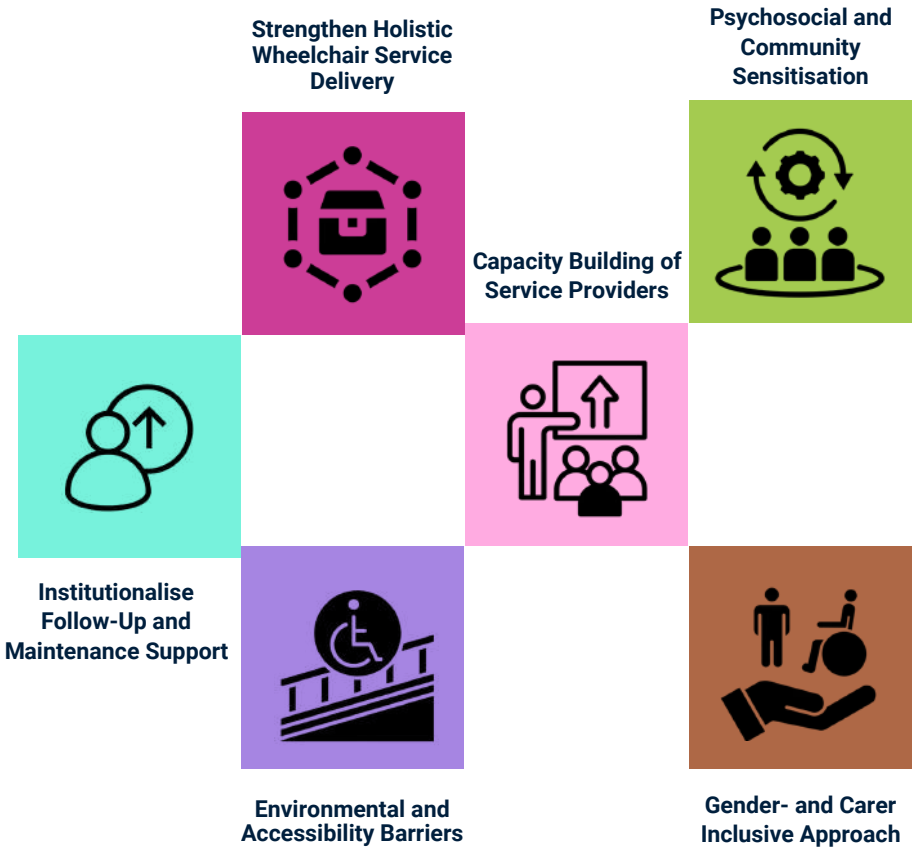
Reduced physical strain and improved caregiving routines highlight the broader household-level benefits of appropriate wheelchair provision.

Strengthen programme effectiveness

Partnerships with trained service providers and NGOs enhanced reach, quality, and consistency of service delivery, demonstrating the importance of decentralised, capacity-driven models.

Recommendation

- Establish a formal partnership assessment checklist to vet collaborating NGOs and centres for facilities, trained personnel, and commitment to disability inclusion.
- Mandate comprehensive training for all partner staff (clinical, technical, and management) in customised wheelchair provision principles and accessibility standards.
- Integrate structured wheelchair skills training into every project, focusing on user mobility, self-maintenance, and community navigation before or immediately following distribution.
- Develop technical guidelines and standards to ensure consistent quality and user-friendliness across all partner programmes and service components.
- Strengthen policy and entitlement frameworks to support a sustainable and inclusive ecosystem for assistive technology provision.



Conclusion

Motivation researches and manufactures, customised wheelchairs that are study and long lasting with ease of transport. The participants of the study showed high satisfaction with the wheelchair. The study highlights three critical dimensions of service provision within the wheelchair sector:

- **Shift from Distribution to Customisation:** The 'one-size-fits-all' model must be superseded by a user-centric approach. Customised wheelchairs, like those produced by Motivation, are not just about mobility; they are fundamental tools that directly enhance the user's comfort, self-respect, and functional independence, significantly reducing the burden on carers.
- **Embrace a Holistic Service Continuum:** Provision must be embedded within a continuum of care. Maximum user benefit is achieved only when the customised device is complemented by provider training, user/family training, therapeutic support, regular follow-up, and accessible local repair/maintenance.
- **Independence as a Catalyst for Inclusion:** Enhanced individual mobility acts as a powerful catalyst for broader social change. Increased visibility and participation of wheelchair users in public life help break down negative stereotypes and compels communities and institutions to actively improve accessibility and infrastructure.
- **The Twin-Track Approach to Livelihood:** True empowerment, particularly regarding employment and social participation, necessitates a twin-track approach. This combines disability-specific interventions (e.g., customised wheelchairs and therapy) with disability mainstreaming through the provision of enabling ecosystem factors such as vocational training, livelihood linkages, and supportive community networks. The compounding barriers of poverty and social marginalisation must be addressed through targeted support services.

Acknowledgement

motivation India

"We are extremely grateful to the NGOs and their staff for generously providing their time and unwavering support, which was instrumental in enabling the execution of this research."